
State: Illinois **Filing Company:** ProAssurance Casualty Company
TOI/Sub-TOI: 11.0 Medical Malpractice - Claims Made/Occurrence/11.0007 Dentists - Oral Surgeons
Product Name: Dental and Oral Surgeon Professional Liability Program
Project Name/Number: Rule Filing/IL-2155-D

Filing at a Glance

Company: ProAssurance Casualty Company
Product Name: Dental and Oral Surgeon Professional Liability Program
State: Illinois
TOI: 11.0 Medical Malpractice - Claims Made/Occurrence
Sub-TOI: 11.0007 Dentists - Oral Surgeons
Filing Type: Rule
Date Submitted: 08/23/2013
SERFF Tr Num: PCWA-129175989
SERFF Status: Closed-Filed
State Tr Num: PCWA-129175989
State Status:
Co Tr Num: IL-2155-D

Effective Date: 12/01/2013
Requested (New):
Effective Date: 12/01/2013
Requested (Renewal):
Author(s): Judy Shepperd
Reviewer(s): Gayle Neuman (primary)
Disposition Date: 08/28/2013
Disposition Status: Filed
Effective Date (New): 12/01/2013
Effective Date (Renewal): 12/01/2013

State Filing Description:

State: Illinois **Filing Company:** ProAssurance Casualty Company
TOI/Sub-TOI: 11.0 Medical Malpractice - Claims Made/Occurrence/11.0007 Dentists - Oral Surgeons
Product Name: Dental and Oral Surgeon Professional Liability Program
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General Information

Project Name: Rule Filing	Status of Filing in Domicile: Not Filed
Project Number: IL-2155-D	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 08/28/2013	
State Status Changed:	Deemer Date:
Created By: Judy Shepperd	Submitted By: Judy Shepperd
Corresponding Filing Tracking Number:	

Filing Description:

Please find enclosed for your review the revised Dental Manual - State Supplement - Illinois to be used with our Dentist and Oral Surgeon Professional Liability Program. I request the effective date of December 1, 2013 for this rule filing submission. We are changing the Extra Oral Non-Surgical Cosmetic Procedures Factor from 2.50 to 1.27 for Class 1, 2 and 3. We are proposing to adopt a change in the rating factor after finding that Botox and Dermal Fillers have become more commonplace in the practice of dentistry. The change is on page 14, item 3. The entire manual has been renumbered PRA-DOS.IL 12 13 for uniformity and due to pages numbered incorrectly on initial filing of PCWA-128910054.

Please contact me if you have any questions during the review process.

Company and Contact

Filing Contact Information

Judy Shepperd, Senior Compliance Specialist	jshepperd@picagroup.com
3000 Meridian Boulevard	615-371-8776 [Phone] 2984 [Ext]
Suite 400	
Franklin, TN 37067	

Filing Company Information

ProAssurance Casualty Company	CoCode: 38954	State of Domicile: Michigan
100 Brookwood Place	Group Code: 2698	Company Type: Property &
Birmingham, AL 35209	Group Name: ProAssurance	Casualty
(205) 877-4426 ext. [Phone]	FEIN Number: 38-2317569	State ID Number: 12

Filing Fees

Fee Required?	No
Retaliatory?	No
Fee Explanation:	

State Specific

State:	Illinois	Filing Company:	ProAssurance Casualty Company
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Refer to our checklists prior to submitting filing (http://www.idfpr.com/DOI/Prop_Cas_IS3_Checklists/IS3_Checklists.htm):

Acknowledged

Refer to our updated (04/06/2007) SERFF General Instructions prior to submitting filing. They have been updated to clarify what rates and rules are required to be filed as well as what rates and rules are not required to be filed. Also, the "Product Name" is the Filing Title and not the Project Number.: Acknowledged

NO RATES and/or RULES ARE REQUIRED TO BE FILED FOR LINES OF COVERAGE SUCH AS COMMERCIAL AUTO (except taxicabs), BURGLARY AND THEFT, GLASS, FIDELITY, SURETY, COMMERCIAL GENERAL LIABILITY, CROP HAIL, COMMERCIAL PROPERTY, DIRECTORS AND OFFICERS, ERRORS AND OMISSIONS, COMMERCIAL MULTI PERIL just to mention a few. However, a Summary Sheet (RF-3) is required to be filed. Please refer to the State Specific Field below for what rates/rules are required to be filed and to our checklists for specific statutes, regulations, etc. :

http://insurance.illinois.gov/Prop_Cas_IS3_Checklists/IS3_Checklists.asp .: N/A

Medical Malpractice rates/rules may now be submitted using SERFF effective January 1, 2012.: Acknowledged

The only rates and/or rules that are required to be filed are Homeowners, Mobile Homeowners, Dwelling Fire and Allied Lines, Workers' Compensation, Liquor Liability, Private Passenger Automobiles, Taxicabs, Motorcycles and Group Inland Marine Insurance which only applies to insurance involving personal property owned by, being purchased by or pledged as collateral by individuals, and not used in any business, trade or profession per Regulation Part 2302 which says in part, "each company shall file with the Director of Insurance each rate, rule and minimum premium before it is used in the State of Illinois.": N/A

When selecting a form filing type for a multiple form filing, use the dominant type from these choices: APP - application; CER - certificate; COF - coverage form; DPS - declaration page; END - endorsement; POJ - policy jacket; ORG - Companies adopting an Advisory or Rating Organization's filing. Example: If you are submitting a policy as well as endorsements, a declaration page and an application, you would select "POL" for policy.: N/A

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Gayle Neuman	08/28/2013	08/28/2013

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Pending Industry Response	Gayle Neuman	08/28/2013	08/28/2013
Pending Industry Response	Gayle Neuman	08/27/2013	08/27/2013

Response Letters

Responded By	Created On	Date Submitted
Judy Shepperd	08/28/2013	08/28/2013
Judy Shepperd	08/27/2013	08/27/2013

State:	Illinois	Filing Company:	ProAssurance Casualty Company
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Disposition

Disposition Date: 08/28/2013
Effective Date (New): 12/01/2013
Effective Date (Renewal): 12/01/2013
Status: Filed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Explanatory Memorandum		Yes
Supporting Document	Form RF3 - (Summary Sheet)		Yes
Supporting Document	Certification		Yes
Supporting Document	Request to Maintain Data as Trade Secret Information		Yes
Supporting Document	Manual		Yes
Supporting Document	Markup Manual Comparison		Yes
Rate	Dental Manual - State Supplement - Illinois, pages 1-20		Yes

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Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	08/28/2013
Submitted Date	08/28/2013
Respond By Date	09/04/2013

Dear Judy Shepperd,

Introduction:

This is to acknowledge receipt of your filing. Your submission is not acceptable for filing in Illinois due to the following reasons:

Please indicate if your company has a plan for the gathering of statistics or the reporting of statistics to statistical agencies? If yes, what stat agency is being used?

Conclusion:

Sign up to get e-mail notification for updates to the Department's website. <http://insurance.illinois.gov/RSS/>

Please refer to the appropriate Property Casualty IS3 Review Requirements Checklist before submitting any filing. The checklists are available at the Department's Web site or at the following link:

http://insurance.illinois.gov/Prop_Cas_IS3_Checklists/IS3_Checklists.asp

Please submit compliant form(s) no later than the date shown above or the entire filing may be disapproved. Please be advised that when the Director disapproves the form(s) you must immediately cease using the form(s) in Illinois.

Please give this matter your immediate attention. If you have any question regarding this filing please feel free to contact me.

Sincerely,

Gayle Neuman

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Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	08/27/2013
Submitted Date	08/27/2013
Respond By Date	09/04/2013

Dear Judy Shepperd,

Introduction:

This is to acknowledge receipt of your filing. Your submission is not acceptable for filing in Illinois due to the following reasons:

Please indicate if your company has a plan for the gathering of statistics or the reporting of statistics to statistical agencies? If yes, what stat agency is being used?

Please confirm that no insured is currently written in the class plan effected, therefore no RF3 form being required.

Conclusion:

Sign up to get e-mail notification for updates to the Department's website. <http://insurance.illinois.gov/RSS/>

Please refer to the appropriate Property Casualty IS3 Review Requirements Checklist before submitting any filing. The checklists are available at the Department's Web site or at the following link:

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Response Letter

Response Letter Status	Submitted to State
Response Letter Date	08/28/2013
Submitted Date	08/28/2013

Dear Gayle Neuman,

Introduction:

The response to your 8/28/2013 objection is below.

Response 1

Comments:

The Independent Statistical Service, Inc. (ISS) is our statistical reporting agency.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Please let me know if you need any additional information to complete the review of this filing.

Sincerely,

Judy Shepperd

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Response Letter

Response Letter Status	Submitted to State
Response Letter Date	08/27/2013
Submitted Date	08/27/2013

Dear Gayle Neuman,

Introduction:

We have not applied the Extra Oral Non-Surgical Cosmetic Procedure factor to any insured yet, so there would be no rate impact.

Response 1

Comments:

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Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Please let me know if any additional information is needed to complete the review of this filing.

Sincerely,

Judy Shepperd

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Rate/Rule Schedule

Item No.	Schedule Item Status	Exhibit Name	Rule # or Page #	Rate Action	Previous State Filing Number	Attachments
1		Dental Manual - State Supplement - Illinois, pages 1-20	PRA-DOS.IL 12 13	Replacement	PCWA-128910054	Dental Manual State Supplement - Illinois 12 13.pdf



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Treated Fairly

SUPPLEMENT TO
DENTISTS AND ORAL SURGEONS
UNDERWRITING RULES MANUAL

STATE OF ILLINOIS

STATE RATES SECTION

STATE OF ILLINOIS

1. RATE TABLES

The following rate tables are based on limits selected per Claim and Policy Aggregate limits of liability. Classifications are also included as indicated in Section 5, Dental Professional Liability Specialty Codes and Descriptions of the Countrywide Manual, for Dental Specialty Classification and Sedation and Anesthesia. Rate table codes combine both the Class and Specialty.

Example C1_S01 represents a Class 1 dentist who is practicing as a General Dentist

Claims-Made Rates by Year

Territory 1 – Cook, Lake, Monroe, St. Clair and Will Counties

\$100,000 / \$300,000

Class					
Code	1	2	3	4	5+
C1_S01	510	771	945	1,084	1,224
C1_S02	510	771	945	1,084	1,224
C1_S03	510	771	945	1,084	1,224
C1_S04	510	771	945	1,084	1,224
C1_S05	510	771	945	1,084	1,224
C1_S06	510	771	945	1,084	1,224
C1_S07	510	771	945	1,084	1,224
C2_S01	587	909	1,123	1,284	1,446
C2_S02	587	909	1,123	1,284	1,446
C2_S03	587	909	1,123	1,284	1,446
C2_S04	587	909	1,123	1,284	1,446
C2_S05	587	909	1,123	1,284	1,446
C2_S06	587	909	1,123	1,284	1,446
C2_S07	587	909	1,123	1,284	1,446
C3_S08	1,298	2,167	2,746	3,111	3,475
C3_S09	1,298	2,167	2,746	3,111	3,475
C4_S10	2,086	3,564	4,549	5,139	5,729
C5_S10	2,242	3,839	4,904	5,538	6,172

Claims-Made Rates by Year (continued)

Territory 1 – Cook, Lake, Monroe, St. Clair and Will Counties

\$200,000 / \$600,000

Class					
Code	1	2	3	4	5+
C1_S01	544	831	1,022	1,171	1,320
C1_S02	544	831	1,022	1,171	1,320
C1_S03	544	831	1,022	1,171	1,320
C1_S04	544	831	1,022	1,171	1,320
C1_S05	544	831	1,022	1,171	1,320
C1_S06	544	831	1,022	1,171	1,320
C1_S07	544	831	1,022	1,171	1,320
C2_S01	629	982	1,218	1,391	1,565
C2_S02	629	982	1,218	1,391	1,565
C2_S03	629	982	1,218	1,391	1,565
C2_S04	629	982	1,218	1,391	1,565
C2_S05	629	982	1,218	1,391	1,565
C2_S06	629	982	1,218	1,391	1,565
C2_S07	629	982	1,218	1,391	1,565
C3_S08	1,410	2,366	3,003	3,400	3,797
C3_S09	1,410	2,366	3,003	3,400	3,797
C4_S10	2,278	3,903	4,986	5,631	6,276
C5_S10	2,449	4,206	5,377	6,070	6,764

Claims-Made Rates by Year (continued)

Territory 1 – Cook, Lake, Monroe, St. Clair and Will Counties

\$250,000 / \$750,000

Class Code	1	2	3	4	5+
C1_S01	565	868	1,070	1,226	1,381
C1_S02	565	868	1,070	1,226	1,381
C1_S03	565	868	1,070	1,226	1,381
C1_S04	565	868	1,070	1,226	1,381
C1_S05	565	868	1,070	1,226	1,381
C1_S06	565	868	1,070	1,226	1,381
C1_S07	565	868	1,070	1,226	1,381
C2_S01	655	1,028	1,277	1,458	1,639
C2_S02	655	1,028	1,277	1,458	1,639
C2_S03	655	1,028	1,277	1,458	1,639
C2_S04	655	1,028	1,277	1,458	1,639
C2_S05	655	1,028	1,277	1,458	1,639
C2_S06	655	1,028	1,277	1,458	1,639
C2_S07	655	1,028	1,277	1,458	1,639
C3_S08	1,481	2,491	3,164	3,581	3,998
C3_S09	1,481	2,491	3,164	3,581	3,998
C4_S10	2,398	4,115	5,260	5,939	6,618
C5_S10	2,578	4,435	5,673	6,403	7,133

Claims-Made Rates by Year (continued)

Territory 1 – Cook, Lake, Monroe, St. Clair and Will Counties

\$500,000 / \$1,500,000					
Class Code	1	2	3	4	5+
C1_S01	621	968	1,200	1,371	1,543
C1_S02	621	968	1,200	1,371	1,543
C1_S03	621	968	1,200	1,371	1,543
C1_S04	621	968	1,200	1,371	1,543
C1_S05	621	968	1,200	1,371	1,543
C1_S06	621	968	1,200	1,371	1,543
C1_S07	621	968	1,200	1,371	1,543
C2_S01	725	1,152	1,436	1,637	1,838
C2_S02	725	1,152	1,436	1,637	1,838
C2_S03	725	1,152	1,436	1,637	1,838
C2_S04	725	1,152	1,436	1,637	1,838
C2_S05	725	1,152	1,436	1,637	1,838
C2_S06	725	1,152	1,436	1,637	1,838
C2_S07	725	1,152	1,436	1,637	1,838
C3_S08	1,669	2,825	3,595	4,066	4,537
C3_S09	1,669	2,825	3,595	4,066	4,537
C4_S10	2,718	4,683	5,993	6,764	7,534
C5_S10	2,925	5,049	6,465	7,295	8,124

Claims-Made Rates by Year (continued)

Territory 1 – Cook, Lake, Monroe, St. Clair and Will Counties

\$1,000,000 / \$3,000,000

Class						
Code		1	2	3	4	5+
C1_S01	696	1,100	1,370	1,563	1,755	
C1_S02	696	1,100	1,370	1,563	1,755	
C1_S03	696	1,100	1,370	1,563	1,755	
C1_S04	696	1,100	1,370	1,563	1,755	
C1_S05	696	1,100	1,370	1,563	1,755	
C1_S06	696	1,100	1,370	1,563	1,755	
C1_S07	696	1,100	1,370	1,563	1,755	
C2_S01	816	1,314	1,646	1,873	2,100	
C2_S02	816	1,314	1,646	1,873	2,100	
C2_S03	816	1,314	1,646	1,873	2,100	
C2_S04	816	1,314	1,646	1,873	2,100	
C2_S05	816	1,314	1,646	1,873	2,100	
C2_S06	816	1,314	1,646	1,873	2,100	
C2_S07	816	1,314	1,646	1,873	2,100	
C3_S08	1,917	3,264	4,162	4,703	5,245	
C3_S09	1,917	3,264	4,162	4,703	5,245	
C4_S10	3,140	5,429	6,956	7,847	8,738	
C5_S10	3,380	5,856	7,506	8,466	9,426	

Claims-Made Rates by Year (continued)

Territory 2 – Remainder of State

\$100,000 / \$300,000					
Class					
Code	1	2	3	4	5+
C1_S01	432	632	766	883	1,001
C1_S02	432	632	766	883	1,001
C1_S03	432	632	766	883	1,001
C1_S04	432	632	766	883	1,001
C1_S05	432	632	766	883	1,001
C1_S06	432	632	766	883	1,001
C1_S07	432	632	766	883	1,001
C2_S01	491	738	903	1,037	1,172
C2_S02	491	738	903	1,037	1,172
C2_S03	491	738	903	1,037	1,172
C2_S04	491	738	903	1,037	1,172
C2_S05	491	738	903	1,037	1,172
C2_S06	491	738	903	1,037	1,172
C2_S07	491	738	903	1,037	1,172
C3_S08	1,038	1,706	2,152	2,442	2,733
C3_S09	1,038	1,706	2,152	2,442	2,733
C4_S10	1,644	2,781	3,538	4,002	4,466
C5_S10	1,764	2,992	3,811	4,309	4,807

Claims-Made Rates by Year (continued)

Territory 2 – Remainder of State

		\$200,000 / \$600,000			
Class					
Code	1	2	3	4	5+
C1_S01	458	678	826	950	1,075
C1_S02	458	678	826	950	1,075
C1_S03	458	678	826	950	1,075
C1_S04	458	678	826	950	1,075
C1_S05	458	678	826	950	1,075
C1_S06	458	678	826	950	1,075
C1_S07	458	678	826	950	1,075
C2_S01	523	795	976	1,120	1,263
C2_S02	523	795	976	1,120	1,263
C2_S03	523	795	976	1,120	1,263
C2_S04	523	795	976	1,120	1,263
C2_S05	523	795	976	1,120	1,263
C2_S06	523	795	976	1,120	1,263
C2_S07	523	795	976	1,120	1,263
C3_S08	1,124	1,860	2,350	2,665	2,980
C3_S09	1,124	1,860	2,350	2,665	2,980
C4_S10	1,792	3,042	3,875	4,381	4,887
C5_S10	1,923	3,275	4,176	4,719	5,262

Claims-Made Rates by Year (continued)

Territory 2 – Remainder of State

Class Code	\$250,000 / \$750,000				
	1	2	3	4	5+
C1_S01	474	707	863	992	1,121
C1_S02	474	707	863	992	1,121
C1_S03	474	707	863	992	1,121
C1_S04	474	707	863	992	1,121
C1_S05	474	707	863	992	1,121
C1_S06	474	707	863	992	1,121
C1_S07	474	707	863	992	1,121
C2_S01	543	831	1,022	1,171	1,320
C2_S02	543	831	1,022	1,171	1,320
C2_S03	543	831	1,022	1,171	1,320
C2_S04	543	831	1,022	1,171	1,320
C2_S05	543	831	1,022	1,171	1,320
C2_S06	543	831	1,022	1,171	1,320
C2_S07	543	831	1,022	1,171	1,320
C3_S08	1,179	1,956	2,474	2,804	3,135
C3_S09	1,179	1,956	2,474	2,804	3,135
C4_S10	1,884	3,205	4,086	4,618	5,150
C5_S10	2,023	3,451	4,403	4,975	5,547

Claims-Made Rates by Year (continued)

Territory 2 – Remainder of State

\$500,000 / \$1,500,000					
Class Code	1	2	3	4	5+
C1_S01	517	785	963	1,104	1,246
C1_S02	517	785	963	1,104	1,246
C1_S03	517	785	963	1,104	1,246
C1_S04	517	785	963	1,104	1,246
C1_S05	517	785	963	1,104	1,246
C1_S06	517	785	963	1,104	1,246
C1_S07	517	785	963	1,104	1,246
C2_S01	597	926	1,145	1,309	1,473
C2_S02	597	926	1,145	1,309	1,473
C2_S03	597	926	1,145	1,309	1,473
C2_S04	597	926	1,145	1,309	1,473
C2_S05	597	926	1,145	1,309	1,473
C2_S06	597	926	1,145	1,309	1,473
C2_S07	597	926	1,145	1,309	1,473
C3_S08	1,324	2,213	2,805	3,177	3,549
C3_S09	1,324	2,213	2,805	3,177	3,549
C4_S10	2,131	3,642	4,650	5,252	5,855
C5_S10	2,289	3,923	5,013	5,661	6,309

Claims-Made Rates by Year (continued)

Territory 2 – Remainder of State

		\$1,000,000 / \$3,000,000				
Class						
Code		1	2	3	4	5+
C1_S01	575	886	1,093	1,252	1,410	
C1_S02	575	886	1,093	1,252	1,410	
C1_S03	575	886	1,093	1,252	1,410	
C1_S04	575	886	1,093	1,252	1,410	
C1_S05	575	886	1,093	1,252	1,410	
C1_S06	575	886	1,093	1,252	1,410	
C1_S07	575	886	1,093	1,252	1,410	
C2_S01	668	1,050	1,305	1,490	1,675	
C2_S02	668	1,050	1,305	1,490	1,675	
C2_S03	668	1,050	1,305	1,490	1,675	
C2_S04	668	1,050	1,305	1,490	1,675	
C2_S05	668	1,050	1,305	1,490	1,675	
C2_S06	668	1,050	1,305	1,490	1,675	
C2_S07	668	1,050	1,305	1,490	1,675	
C3_S08	1,514	2,550	3,241	3,667	4,094	
C3_S09	1,514	2,550	3,241	3,667	4,094	
C4_S10	2,455	4,216	5,390	6,086	6,781	
C5_S10	2,640	4,544	5,814	6,562	7,310	

Extended Reporting Period Endorsement (Tail Coverage)

Extended Reporting Period (Tail) Factors By Month

Claims-Made
Year

	1	2	3	4	5	6	7	8	9	10	11	12
1	0.150	0.230	0.310	0.380	0.450	0.520	0.590	0.660	0.730	0.800	0.870	0.940
2	1.010	1.080	1.150	1.220	1.280	1.340	1.400	1.460	1.520	1.580	1.640	1.700
3	1.730	1.760	1.790	1.820	1.850	1.880	1.900	1.920	1.940	1.960	1.980	2.000
4	2.030	2.067	2.100	2.133	2.167	2.200	2.233	2.267	2.300	2.333	2.367	2.400
5	2.400	2.400	2.400	2.400	2.400	2.400	2.400	2.400	2.400	2.400	2.400	2.400

Example: An insured who has a third year claims-made policy and decides to cancel after three months have elapsed would purchase tail coverage at the year 3, three month factor (1.790), times the mature claims-made annual rate in effect at policy issuance. For claims-made year 5 and over the 2.400 factor applies.

Occurrence Rates

Territory 1 – Cook, Lake, Monroe, St. Clair and Will Counties

Class Code	\$100,000/\$300,000	\$200,000/\$600,000	\$250,000/\$750,000	\$500,000/\$1,500,000	\$1,000,000/\$3,000,000
C1_S01	1,346	1,452	1,519	1,697	1,931
C1_S02	1,346	1,452	1,519	1,697	1,931
C1_S03	1,346	1,452	1,519	1,697	1,931
C1_S04	1,346	1,452	1,519	1,697	1,931
C1_S05	1,346	1,452	1,519	1,697	1,931
C1_S06	1,346	1,452	1,519	1,697	1,931
C1_S07	1,346	1,452	1,519	1,697	1,931
C2_S01	1,591	1,722	1,803	2,022	2,310
C2_S02	1,591	1,722	1,803	2,022	2,310
C2_S03	1,591	1,722	1,803	2,022	2,310
C2_S04	1,591	1,722	1,803	2,022	2,310
C2_S05	1,591	1,722	1,803	2,022	2,310
C2_S06	1,591	1,722	1,803	2,022	2,310
C2_S07	1,591	1,722	1,803	2,022	2,310
C3_S08	3,823	4,177	4,398	4,991	5,770
C3_S09	3,823	4,177	4,398	4,991	5,770
C4_S10	6,302	6,904	7,280	8,287	9,612
C5_S10	6,789	7,440	7,846	8,936	10,369

Occurrence Rates (continued)

Territory 2 – Remainder of State

Class Code	\$100,000/\$300,000	\$200,000/\$600,000	\$250,000/\$750,000	\$500,000/\$1,500,000	\$1,000,000/\$3,000,000
C1_S01	1,101	1,183	1,233	1,371	1,551
C1_S02	1,101	1,183	1,233	1,371	1,551
C1_S03	1,101	1,183	1,233	1,371	1,551
C1_S04	1,101	1,183	1,233	1,371	1,551
C1_S05	1,101	1,183	1,233	1,371	1,551
C1_S06	1,101	1,183	1,233	1,371	1,551
C1_S07	1,101	1,183	1,233	1,371	1,551
C2_S01	1,289	1,389	1,452	1,620	1,843
C2_S02	1,289	1,389	1,452	1,620	1,843
C2_S03	1,289	1,389	1,452	1,620	1,843
C2_S04	1,289	1,389	1,452	1,620	1,843
C2_S05	1,289	1,389	1,452	1,620	1,843
C2_S06	1,289	1,389	1,452	1,620	1,843
C2_S07	1,289	1,389	1,452	1,620	1,843
C3_S08	3,006	3,278	3,449	3,904	4,503
C3_S09	3,006	3,278	3,449	3,904	4,503
C4_S10	4,913	5,376	5,665	6,441	7,459
C5_S10	5,288	5,788	6,102	6,940	8,041

2. SEDATION AND ANESTHESIA DESCRIPTION CODE

Sedation and Anesthesia Code and Factors

Specialist Code	<u>Codes 01 & 2</u>	<u>Code 03</u>	<u>Code 04</u>
01 General Dentist	1.000	1.075	1.200
02 Board Eligible or Board Certified General Dentist	1.000	1.050	1.100
03 Periodontists	1.000	1.050	1.100
04 Prosthodontist	1.000	1.050	1.100
05 Endodontist	1.000	1.050	1.100
06 Orthodontist	1.000	1.050	1.100
07 Pediatric Dentist	1.000	1.025	1.050
08 Oral Pathologist	1.000	1.000	1.000
09 Oral Radiologist	1.000	1.000	1.000
10 Oral and Maxillofacial Surgeon	1.000	1.000	1.000

3. EXTRA ORAL NON-SURGICAL COSMETIC PROCEDURES FACTOR

Class Plan Classification	<u>Factor</u>
Class 1, 2 and 3	1.27
Class 4 and 5	1.15

4. MINIMUM PREMIUMS

Limit of Liability	<u>Minimum Premium</u>
\$100,000/\$ 300,000	\$425
\$200,000/\$ 600,000	\$485
\$250,000/\$750,000	\$505
\$500,000/\$1,500,000	\$565
\$1,000,000/\$3,000,000	\$663

Excess Limits

Each Additional Excess Limit Increment of \$1,000,000	\$100
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5. EXCESS LIMITS FACTORS (Applies to \$1M/\$3M Primary Limit Premium)

Excess Limit	<u>Factor</u>
\$1,000,000	0.0480
\$2,000,000	0.0960
\$3,000,000	0.1450
\$4,000,000	0.1935
\$5,000,000	0.2225

6. ANNUAL PREMIUM PAYMENT DISCOUNT**Factor**
1.5%**7. PART TIME DENTIST, SEMI-RETIRED AND MOONLIGHTING DISCOUNT FACTOR****Number of Hours in Practice****Factor**

20 hours or less per week

0.50

21 hours or more per week

1.00

8. ADDITIONAL INSURED'S PREMIUM CHARGE FACTOR10% Premium Charge
(each additional insured)**Factor**

1.10

9. NEW DENTIST DISCOUNT FACTORS**Years in Practice****Factor**

First Year

0.50

Second and Third Year

0.75

10. FACULTY DISCOUNT FACTORS**Appointment Status****Factor**

Full-Time

0.70

Half-Time

0.80

Part-Time

0.90

Zero-Time

1.00

11. ASSOCIATION AND MEMBERSHIP CREDIT**Membership/Association****Factor**

ADA Member

0.975

AGD Member

0.95

AGD Fellowship

0.90

AGD Mastership

0.85

12. RISK MANAGEMENT EDUCATION FACTOR**Factor**

0.95

13. LONGEVITY CREDIT

	<u>Factor</u>
Year 1	1.00
Year 2	1.00
Year 2	1.00
Year 4	1.00
Year 5	0.99
Year 6	0.99
Year 7	0.98
Year 8	0.97
Year 9	0.96
Year 10 and Greater	0.95

14. WAIVER OF CONSENT TO SETTLE DISCOUNT

Factor

0.90

15. SCHEDULED RATING PROGRAM

	<u>Range of Modifications</u>	
	<u>Credits</u>	<u>Debits</u>
Operational controls and procedure mix, such as but not limited to mandatory referrals for extractions, use of consent forms, internal documentation practices, implant procedures and laser use, and extraction of impacted third molars.	-10%	+10%
Practice Characteristics, such as but not limited to single verses multiple locations, degree of severity presented by area of specialization, volume of patient traffic, number of years of patient experience.	-10%	+10%
Loss Control procedures, such as but not limited to training and retraining of all employees on the safest way to do their job; promoting safety awareness; conducting frequent safety inspections of all work areas; having an office safety program; using proper sterilization techniques to ensure environmental is free from the possibility of contamination from blood-borne pathogens.	-10%	+10%
Claim peculiarities, such as but not limited to who was responsible for the loss (Insured Dentist, Employee of Insured Dentists, Partner, Independent Contractor- this is for the respondeat superior or indemnity exposures); frequency or lack of administrative actions such as peer review, office of professional discipline or dental board complaints; frequency or lack of claims for return of fees.	-10%	+10%

Maximum Debit/Credit = 25%

16. DEDUCTIBLE OPTIONS

Deductible	<u>Factor</u>
\$0	1.00
\$1,000	0.95
\$2,500	0.90
\$5,000	0.81
\$10,000	0.70

17. PARTNERSHIP CORPORATION PROFESSIONAL ASSOCIATION COVERAGE RATING FACTORS

Limit of Liability	Number of Insureds				
	<u>2-5</u>	<u>6-9</u>	<u>10-19</u>	<u>20-49</u>	<u>50 or More</u>
\$100,000/\$ 300,000	1.23	1.21	1.17	1.13	1.10
\$200,000/\$ 600,000	1.20	1.19	1.15	1.11	10.8
\$250,000/\$ 750,000	1.18	1.17	1.13	1.09	1.07
\$500,000/\$1,500,000	1.10	1.10	1.09	1.07	1.05
\$1,000,000/\$3,000,000	1.10	1.10	1.09	1.07	1.05

Rating factors apply to dentists insured by the company. For each dentist or oral surgeon not insured by the company the rating factor will be two times the rating factor for insured dentists.

Example: In a group practice of five dentists where the company insures three of the dentist the premium will be calculated by applying a rating factor of 1.10 (10% charge) to the sum of premium for those insured dentists plus the premium calculated by applying a rating factor of 1.20 (20% charge) to the sum of the premium for dentists not insured by the company. The premium used for dentists not insured by the company will determined by using the rates for the dental specialty if insured by the company.

18. LOSS EXPERIENCE PROGRAM

A. Loss Free Discount

Years Claim Free	<u>Factor</u>
10 + years claim free	0.90
9 years claim free	0.91
8 years claim free	0.92
7 years claim free	0.93
6 years claim free	0.94
5 years claim free	0.95
4 years claim free	0.96
3 years claim free	0.97
2 years claim free	0.98
1 year claim free	0.99

B. Loss Experience Debit

Chargeable Loss	<u>1 loss</u>	<u>2 loss</u>	<u>3 loss</u>	<u>4 loss</u>
\$0 - \$3,000	1.05	1.10	1.15	1.20
\$3,001 - \$10,000	1.10	1.15	1.20	1.25
\$10,001 - \$20,000	1.15	1.20	1.25	1.30
\$20,001 - \$30,000	1.20	1.25	1.30	1.35
\$30,001 - \$40,000	1.25	1.30	1.35	1.40
\$40,001 +	1.30	1.35	1.40	1.50

19. PRACTICEGUARD® FOR DENTISTS

Premium Charge

Automatic Coverage	\$78
Optional Coverage	\$104

20. BOARD EXAMINATION AND INTERVIEW COVERAGE PREMIUM CHARGE

Premium Charge

\$30

21. SUSPENSION OF COVERAGE

95% Premium Discount

Factor

0.05

22. CONTRACTUAL LIABILITY FACTOR

5 % Premium Charge
(each insured contract)

Factor

1.05

STATE RULES AND EXCEPTIONS

STATE OF ILLINOIS

1. Section 1, Introduction, Item I, Rates and Premium Calculations, paragraph C Non-Standard Risks is replaced as follows:
 - C. Non-Standard Risks: Individuals rejected for standard coverage by the Company may be individually considered for coverage at an additional premium charge or other applicable coverage conditions and limitations on an individually agreed, individual risk filing basis.
2. Section 1, Introduction, Item I, Rates and Premium Calculations, paragraph E Net of Commission Rule is hereby deleted.
3. Section 1, Introduction, Item 3, Cancellations, paragraph C is replaced as follows:
 - C. Removal from the State: Subject to state provisions, the policy may be canceled by the Company after the insured no longer maintains at least 75% of his/her dental practice within the state of issuance, subject to proper notice.
4. Item III, Quarterly Installment Options, is hereby added to Section 1, Introduction, as follows:

III. QUARTERLY INSTALLMENT OPTIONS

1. Quarterly Installment Option One
 - a. A minimum initial deposit required, which shall be 40 percent of the estimated total premium due at policy inception;
 - b. The remaining premium spread equally among the second, third and fourth installments at 20 percent of the estimated total premium, and due 3, 6 and 9 months from policy inception, respectively;
 - c. No interest or installment charges;
 - d. Additional premium resulting from changes to the policy shall be spread equally over the remaining installments, if any. If there are no remaining installments, additional premium resulting from changes to the policy shall be billed immediately as a separate transaction; and
 - e. The installment plan will be limited to insureds whose premium exceeds \$500.00 per year.
2. Quarterly Installment Option Two – (35/25/25/15)
 - a. A minimum initial deposit required, which shall be 35 percent of the estimated total premium due at policy inception;
 - b. The remaining premium will be 25 percent for the second and third installments and 15 percent for the fourth installment, and due 3, 6 and 9 months from policy inception, respectively;
 - c. No interest or installment charges;

- d. Additional premium resulting from changes to the policy shall be spread equally over the remaining installments, if any. If there are no remaining installments, additional premium resulting from changes to the policy shall be billed immediately as a separate transaction; and
- e. The installment plan will be limited to insureds whose premium exceeds \$500.00 per year.

5. Item D, Reporting Endorsements Coverage is hereby added to Section 2, Classification and/or Rating Modifications and Procedures, as follows:

D. Reporting Endorsement Coverage

The calculations for changes in exposure are performed by weighting the mature claims-made annual rates in effect at policy issuance for each period of differing exposures. These calculations are appropriate for changes in practice specialty or changes in rating territory that would affect a calculated rate. This method can be generalized by using the following weights and formula to calculate a rate for the upcoming year.

Number of years policy written	Claims-Made Year				
	1	2	3	4	5+
1	100%				
2	50%	50%			
3	37.5%	37.5%	25%		
4	33 1/3%	33 1/3%	22 2/9%	11 1/9%	
5+	30%	30%	20%	10%	10%

1. Mature claims-made annual rate in effect at policy issuance for the current practice and territory times the sum of the weights for the claims-made years in effect.
2. Plus mature claims-made annual rate in effect at policy issuance for the prior practice and territory times the sum of the weights for the claims-made years in effect.

For example, if an oral surgeon had practiced oral surgery for over five years, then stopped practicing oral surgery and began to practice general dentistry at the renewal two years prior to the electing the Reporting Endorsement Coverage, the appropriate base premium for the upcoming policy period would be:

General Dentistry mature claims-made annual rate in effect at policy issuance times (30% + 30%),

Plus oral surgery mature claims-made annual rate in effect at policy issuance times (20% + 10 % + 10%)

This method is applied in a similar manner if more than one practice change occurred during the previous four years. The components are pro-rated if the change occurred at a date other than the policy anniversary date.

State:	Illinois	Filing Company:	ProAssurance Casualty Company
TOI/Sub-TOI:	11.0 Medical Malpractice - Claims Made/Occurrence/11.0007 Dentists - Oral Surgeons		
Product Name:	Dental and Oral Surgeon Professional Liability Program		
Project Name/Number:	Rule Filing/IL-2155-D		

Supporting Document Schedules

Bypassed - Item:	Explanatory Memorandum
Bypass Reason:	Please refer to General Information Tab for filing explanation.
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Form RF3 - (Summary Sheet)
Bypass Reason:	N/A, rule filing only - no rate change
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Certification
Comments:	Certification form attached
Attachment(s):	Illinois Certification PCWA-129175989.pdf
Item Status:	
Status Date:	

Bypassed - Item:	Request to Maintain Data as Trade Secret Information
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Manual
Comments:	In addition to the rule revision of this filing, the entire manual has been renumbered PRA-DOS.IL 12 13 for uniformity and due to pages incorrectly numbered on initial filing of PCWA-128910054.
Attachment(s):	Dental Manual State Supplement - Illinois 12 13.pdf
Item Status:	

State:	Illinois	Filing Company:	ProAssurance Casualty Company
TOI/Sub-TOI:	11.0 Medical Malpractice - Claims Made/Occurrence/11.0007 Dentists - Oral Surgeons		
Product Name:	Dental and Oral Surgeon Professional Liability Program		
Project Name/Number:	Rule Filing/IL-2155-D		

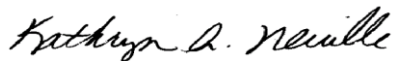
Status Date:	
Satisfied - Item:	Markup Manual Comparison
Comments:	Attached is the marked copy of current to proposed Illinois Dental Manual State Supplement.
Attachment(s):	Compare IL Manual State Supplement 05 13 to 12 13.pdf
Item Status:	
Status Date:	

ILLINOIS CERTIFICATION FOR MEDICAL MALPRACTICE RATES

(215 ILCS 5/155.18)(3) states that medical liability rates shall be certified in such filing by an officer of the company and a qualified actuary that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience.

I, Kathryn A. Neville, a duly authorized officer of ProAssurance Casualty Company, am authorized to certify on behalf of the Company making this filing that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience, and that I am knowledgeable of the laws, regulations and bulletins applicable to the policy rates that are the subject of this filing. I also certify that all changes made were disclosed, no written statement that the insurer, in offering, administering, or applying the filed rate/rule manual and/or any amended provisions, does not unfairly discriminate.

I, Howard H. Friedman, a duly authorized actuary of ProAssurance Casualty Company, am authorized to certify on behalf of the Company making this filing that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience, and that I am knowledgeable of the laws, regulations and bulletins applicable to the policy rates that are the subject of this filing.



Kathryn A. Neville, Secretary
Signature and Title of Authorized Insurance Company Officer

8/23/2013

Date



Howard H. Friedman, ACAS, MAAA, Senior Vice President
Signature, Title and Designation of Authorized Actuary

8/23/2013

Date

Insurance Company FEIN 38-2317569

Filing Number PCWA-129175989

Insurer's Address 100 Brookwood Place

City Birmingham

State Alabama

Zip Code 35209

Contact Person's:

-Name and E-mail Judy Shepperd, Senior Compliance Specialist – jshepperd@proassurance.com

-Direct Telephone and Fax Number (615) 371-8776 ext 2984; fax (615) 986-1947



PROASSURANCE[®]

Treated Fairly

SUPPLEMENT TO
DENTISTS AND ORAL SURGEONS
UNDERWRITING RULES MANUAL

STATE OF ILLINOIS

STATE RATES SECTION

STATE OF ILLINOIS

1. RATE TABLES

The following rate tables are based on limits selected per Claim and Policy Aggregate limits of liability. Classifications are also included as indicated in Section 5, Dental Professional Liability Specialty Codes and Descriptions of the Countrywide Manual, for Dental Specialty Classification and Sedation and Anesthesia. Rate table codes combine both the Class and Specialty.

Example C1_S01 represents a Class 1 dentist who is practicing as a General Dentist

Claims-Made Rates by Year

Territory 1 – Cook, Lake, Monroe, St. Clair and Will Counties

\$100,000 / \$300,000

Class					
Code	1	2	3	4	5+
C1_S01	510	771	945	1,084	1,224
C1_S02	510	771	945	1,084	1,224
C1_S03	510	771	945	1,084	1,224
C1_S04	510	771	945	1,084	1,224
C1_S05	510	771	945	1,084	1,224
C1_S06	510	771	945	1,084	1,224
C1_S07	510	771	945	1,084	1,224
C2_S01	587	909	1,123	1,284	1,446
C2_S02	587	909	1,123	1,284	1,446
C2_S03	587	909	1,123	1,284	1,446
C2_S04	587	909	1,123	1,284	1,446
C2_S05	587	909	1,123	1,284	1,446
C2_S06	587	909	1,123	1,284	1,446
C2_S07	587	909	1,123	1,284	1,446
C3_S08	1,298	2,167	2,746	3,111	3,475
C3_S09	1,298	2,167	2,746	3,111	3,475
C4_S10	2,086	3,564	4,549	5,139	5,729
C5_S10	2,242	3,839	4,904	5,538	6,172

Claims-Made Rates by Year (continued)

Territory 1 – Cook, Lake, Monroe, St. Clair and Will Counties

\$200,000 / \$600,000

Class					
Code	1	2	3	4	5+
C1_S01	544	831	1,022	1,171	1,320
C1_S02	544	831	1,022	1,171	1,320
C1_S03	544	831	1,022	1,171	1,320
C1_S04	544	831	1,022	1,171	1,320
C1_S05	544	831	1,022	1,171	1,320
C1_S06	544	831	1,022	1,171	1,320
C1_S07	544	831	1,022	1,171	1,320
C2_S01	629	982	1,218	1,391	1,565
C2_S02	629	982	1,218	1,391	1,565
C2_S03	629	982	1,218	1,391	1,565
C2_S04	629	982	1,218	1,391	1,565
C2_S05	629	982	1,218	1,391	1,565
C2_S06	629	982	1,218	1,391	1,565
C2_S07	629	982	1,218	1,391	1,565
C3_S08	1,410	2,366	3,003	3,400	3,797
C3_S09	1,410	2,366	3,003	3,400	3,797
C4_S10	2,278	3,903	4,986	5,631	6,276
C5_S10	2,449	4,206	5,377	6,070	6,764

Claims-Made Rates by Year (continued)

Territory 1 – Cook, Lake, Monroe, St. Clair and Will Counties

\$250,000 / \$750,000

Class Code	1	2	3	4	5+
C1_S01	565	868	1,070	1,226	1,381
C1_S02	565	868	1,070	1,226	1,381
C1_S03	565	868	1,070	1,226	1,381
C1_S04	565	868	1,070	1,226	1,381
C1_S05	565	868	1,070	1,226	1,381
C1_S06	565	868	1,070	1,226	1,381
C1_S07	565	868	1,070	1,226	1,381
C2_S01	655	1,028	1,277	1,458	1,639
C2_S02	655	1,028	1,277	1,458	1,639
C2_S03	655	1,028	1,277	1,458	1,639
C2_S04	655	1,028	1,277	1,458	1,639
C2_S05	655	1,028	1,277	1,458	1,639
C2_S06	655	1,028	1,277	1,458	1,639
C2_S07	655	1,028	1,277	1,458	1,639
C3_S08	1,481	2,491	3,164	3,581	3,998
C3_S09	1,481	2,491	3,164	3,581	3,998
C4_S10	2,398	4,115	5,260	5,939	6,618
C5_S10	2,578	4,435	5,673	6,403	7,133

Claims-Made Rates by Year (continued)

Territory 1 – Cook, Lake, Monroe, St. Clair and Will Counties

\$500,000 / \$1,500,000					
Class Code	1	2	3	4	5+
C1_S01	621	968	1,200	1,371	1,543
C1_S02	621	968	1,200	1,371	1,543
C1_S03	621	968	1,200	1,371	1,543
C1_S04	621	968	1,200	1,371	1,543
C1_S05	621	968	1,200	1,371	1,543
C1_S06	621	968	1,200	1,371	1,543
C1_S07	621	968	1,200	1,371	1,543
C2_S01	725	1,152	1,436	1,637	1,838
C2_S02	725	1,152	1,436	1,637	1,838
C2_S03	725	1,152	1,436	1,637	1,838
C2_S04	725	1,152	1,436	1,637	1,838
C2_S05	725	1,152	1,436	1,637	1,838
C2_S06	725	1,152	1,436	1,637	1,838
C2_S07	725	1,152	1,436	1,637	1,838
C3_S08	1,669	2,825	3,595	4,066	4,537
C3_S09	1,669	2,825	3,595	4,066	4,537
C4_S10	2,718	4,683	5,993	6,764	7,534
C5_S10	2,925	5,049	6,465	7,295	8,124

Claims-Made Rates by Year (continued)

Territory 1 – Cook, Lake, Monroe, St. Clair and Will Counties

\$1,000,000 / \$3,000,000

Class						
Code		1	2	3	4	5+
C1_S01	696	1,100	1,370	1,563	1,755	
C1_S02	696	1,100	1,370	1,563	1,755	
C1_S03	696	1,100	1,370	1,563	1,755	
C1_S04	696	1,100	1,370	1,563	1,755	
C1_S05	696	1,100	1,370	1,563	1,755	
C1_S06	696	1,100	1,370	1,563	1,755	
C1_S07	696	1,100	1,370	1,563	1,755	
C2_S01	816	1,314	1,646	1,873	2,100	
C2_S02	816	1,314	1,646	1,873	2,100	
C2_S03	816	1,314	1,646	1,873	2,100	
C2_S04	816	1,314	1,646	1,873	2,100	
C2_S05	816	1,314	1,646	1,873	2,100	
C2_S06	816	1,314	1,646	1,873	2,100	
C2_S07	816	1,314	1,646	1,873	2,100	
C3_S08	1,917	3,264	4,162	4,703	5,245	
C3_S09	1,917	3,264	4,162	4,703	5,245	
C4_S10	3,140	5,429	6,956	7,847	8,738	
C5_S10	3,380	5,856	7,506	8,466	9,426	

Claims-Made Rates by Year (continued)

Territory 2 – Remainder of State

		\$100,000 / \$300,000				
Class						
Code		1	2	3	4	5+
C1_S01	432	632	766	883	1,001	
C1_S02	432	632	766	883	1,001	
C1_S03	432	632	766	883	1,001	
C1_S04	432	632	766	883	1,001	
C1_S05	432	632	766	883	1,001	
C1_S06	432	632	766	883	1,001	
C1_S07	432	632	766	883	1,001	
C2_S01	491	738	903	1,037	1,172	
C2_S02	491	738	903	1,037	1,172	
C2_S03	491	738	903	1,037	1,172	
C2_S04	491	738	903	1,037	1,172	
C2_S05	491	738	903	1,037	1,172	
C2_S06	491	738	903	1,037	1,172	
C2_S07	491	738	903	1,037	1,172	
C3_S08	1,038	1,706	2,152	2,442	2,733	
C3_S09	1,038	1,706	2,152	2,442	2,733	
C4_S10	1,644	2,781	3,538	4,002	4,466	
C5_S10	1,764	2,992	3,811	4,309	4,807	

Claims-Made Rates by Year (continued)

Territory 2 – Remainder of State

		\$200,000 / \$600,000				
Class						
Code		1	2	3	4	5+
C1_S01	458	678	826	950	1,075	
C1_S02	458	678	826	950	1,075	
C1_S03	458	678	826	950	1,075	
C1_S04	458	678	826	950	1,075	
C1_S05	458	678	826	950	1,075	
C1_S06	458	678	826	950	1,075	
C1_S07	458	678	826	950	1,075	
C2_S01	523	795	976	1,120	1,263	
C2_S02	523	795	976	1,120	1,263	
C2_S03	523	795	976	1,120	1,263	
C2_S04	523	795	976	1,120	1,263	
C2_S05	523	795	976	1,120	1,263	
C2_S06	523	795	976	1,120	1,263	
C2_S07	523	795	976	1,120	1,263	
C3_S08	1,124	1,860	2,350	2,665	2,980	
C3_S09	1,124	1,860	2,350	2,665	2,980	
C4_S10	1,792	3,042	3,875	4,381	4,887	
C5_S10	1,923	3,275	4,176	4,719	5,262	

Claims-Made Rates by Year (continued)

Territory 2 – Remainder of State

Class Code	\$250,000 / \$750,000				
	1	2	3	4	5+
C1_S01	474	707	863	992	1,121
C1_S02	474	707	863	992	1,121
C1_S03	474	707	863	992	1,121
C1_S04	474	707	863	992	1,121
C1_S05	474	707	863	992	1,121
C1_S06	474	707	863	992	1,121
C1_S07	474	707	863	992	1,121
C2_S01	543	831	1,022	1,171	1,320
C2_S02	543	831	1,022	1,171	1,320
C2_S03	543	831	1,022	1,171	1,320
C2_S04	543	831	1,022	1,171	1,320
C2_S05	543	831	1,022	1,171	1,320
C2_S06	543	831	1,022	1,171	1,320
C2_S07	543	831	1,022	1,171	1,320
C3_S08	1,179	1,956	2,474	2,804	3,135
C3_S09	1,179	1,956	2,474	2,804	3,135
C4_S10	1,884	3,205	4,086	4,618	5,150
C5_S10	2,023	3,451	4,403	4,975	5,547

Claims-Made Rates by Year (continued)

Territory 2 – Remainder of State

\$500,000 / \$1,500,000					
Class Code	1	2	3	4	5+
C1_S01	517	785	963	1,104	1,246
C1_S02	517	785	963	1,104	1,246
C1_S03	517	785	963	1,104	1,246
C1_S04	517	785	963	1,104	1,246
C1_S05	517	785	963	1,104	1,246
C1_S06	517	785	963	1,104	1,246
C1_S07	517	785	963	1,104	1,246
C2_S01	597	926	1,145	1,309	1,473
C2_S02	597	926	1,145	1,309	1,473
C2_S03	597	926	1,145	1,309	1,473
C2_S04	597	926	1,145	1,309	1,473
C2_S05	597	926	1,145	1,309	1,473
C2_S06	597	926	1,145	1,309	1,473
C2_S07	597	926	1,145	1,309	1,473
C3_S08	1,324	2,213	2,805	3,177	3,549
C3_S09	1,324	2,213	2,805	3,177	3,549
C4_S10	2,131	3,642	4,650	5,252	5,855
C5_S10	2,289	3,923	5,013	5,661	6,309

Claims-Made Rates by Year (continued)

Territory 2 – Remainder of State

		\$1,000,000 / \$3,000,000				
Class						
Code		1	2	3	4	5+
C1_S01	575	886	1,093	1,252	1,410	
C1_S02	575	886	1,093	1,252	1,410	
C1_S03	575	886	1,093	1,252	1,410	
C1_S04	575	886	1,093	1,252	1,410	
C1_S05	575	886	1,093	1,252	1,410	
C1_S06	575	886	1,093	1,252	1,410	
C1_S07	575	886	1,093	1,252	1,410	
C2_S01	668	1,050	1,305	1,490	1,675	
C2_S02	668	1,050	1,305	1,490	1,675	
C2_S03	668	1,050	1,305	1,490	1,675	
C2_S04	668	1,050	1,305	1,490	1,675	
C2_S05	668	1,050	1,305	1,490	1,675	
C2_S06	668	1,050	1,305	1,490	1,675	
C2_S07	668	1,050	1,305	1,490	1,675	
C3_S08	1,514	2,550	3,241	3,667	4,094	
C3_S09	1,514	2,550	3,241	3,667	4,094	
C4_S10	2,455	4,216	5,390	6,086	6,781	
C5_S10	2,640	4,544	5,814	6,562	7,310	

Extended Reporting Period Endorsement (Tail Coverage)

Extended Reporting Period (Tail) Factors By Month

Claims-Made
Year

	1	2	3	4	5	6	7	8	9	10	11	12
1	0.150	0.230	0.310	0.380	0.450	0.520	0.590	0.660	0.730	0.800	0.870	0.940
2	1.010	1.080	1.150	1.220	1.280	1.340	1.400	1.460	1.520	1.580	1.640	1.700
3	1.730	1.760	1.790	1.820	1.850	1.880	1.900	1.920	1.940	1.960	1.980	2.000
4	2.030	2.067	2.100	2.133	2.167	2.200	2.233	2.267	2.300	2.333	2.367	2.400
5	2.400	2.400	2.400	2.400	2.400	2.400	2.400	2.400	2.400	2.400	2.400	2.400

Example: An insured who has a third year claims-made policy and decides to cancel after three months have elapsed would purchase tail coverage at the year 3, three month factor (1.790), times the mature claims-made annual rate in effect at policy issuance. For claims-made year 5 and over the 2.400 factor applies.

Occurrence Rates

Territory 1 – Cook, Lake, Monroe, St. Clair and Will Counties

Class Code	\$100,000/\$300,000	\$200,000/\$600,000	\$250,000/\$750,000	\$500,000/\$1,500,000	\$1,000,000/\$3,000,000
C1_S01	1,346	1,452	1,519	1,697	1,931
C1_S02	1,346	1,452	1,519	1,697	1,931
C1_S03	1,346	1,452	1,519	1,697	1,931
C1_S04	1,346	1,452	1,519	1,697	1,931
C1_S05	1,346	1,452	1,519	1,697	1,931
C1_S06	1,346	1,452	1,519	1,697	1,931
C1_S07	1,346	1,452	1,519	1,697	1,931
C2_S01	1,591	1,722	1,803	2,022	2,310
C2_S02	1,591	1,722	1,803	2,022	2,310
C2_S03	1,591	1,722	1,803	2,022	2,310
C2_S04	1,591	1,722	1,803	2,022	2,310
C2_S05	1,591	1,722	1,803	2,022	2,310
C2_S06	1,591	1,722	1,803	2,022	2,310
C2_S07	1,591	1,722	1,803	2,022	2,310
C3_S08	3,823	4,177	4,398	4,991	5,770
C3_S09	3,823	4,177	4,398	4,991	5,770
C4_S10	6,302	6,904	7,280	8,287	9,612
C5_S10	6,789	7,440	7,846	8,936	10,369

Occurrence Rates (continued)

Territory 2 – Remainder of State

Class Code	\$100,000/\$300,000	\$200,000/\$600,000	\$250,000/\$750,000	\$500,000/\$1,500,000	\$1,000,000/\$3,000,000
C1_S01	1,101	1,183	1,233	1,371	1,551
C1_S02	1,101	1,183	1,233	1,371	1,551
C1_S03	1,101	1,183	1,233	1,371	1,551
C1_S04	1,101	1,183	1,233	1,371	1,551
C1_S05	1,101	1,183	1,233	1,371	1,551
C1_S06	1,101	1,183	1,233	1,371	1,551
C1_S07	1,101	1,183	1,233	1,371	1,551
C2_S01	1,289	1,389	1,452	1,620	1,843
C2_S02	1,289	1,389	1,452	1,620	1,843
C2_S03	1,289	1,389	1,452	1,620	1,843
C2_S04	1,289	1,389	1,452	1,620	1,843
C2_S05	1,289	1,389	1,452	1,620	1,843
C2_S06	1,289	1,389	1,452	1,620	1,843
C2_S07	1,289	1,389	1,452	1,620	1,843
C3_S08	3,006	3,278	3,449	3,904	4,503
C3_S09	3,006	3,278	3,449	3,904	4,503
C4_S10	4,913	5,376	5,665	6,441	7,459
C5_S10	5,288	5,788	6,102	6,940	8,041

2. SEDATION AND ANESTHESIA DESCRIPTION CODE

Sedation and Anesthesia Code and Factors

Specialist Code	<u>Codes 01 & 2</u>	<u>Code 03</u>	<u>Code 04</u>
01 General Dentist	1.000	1.075	1.200
02 Board Eligible or Board Certified General Dentist	1.000	1.050	1.100
03 Periodontists	1.000	1.050	1.100
04 Prosthodontist	1.000	1.050	1.100
05 Endodontist	1.000	1.050	1.100
06 Orthodontist	1.000	1.050	1.100
07 Pediatric Dentist	1.000	1.025	1.050
08 Oral Pathologist	1.000	1.000	1.000
09 Oral Radiologist	1.000	1.000	1.000
10 Oral and Maxillofacial Surgeon	1.000	1.000	1.000

3. EXTRA ORAL NON-SURGICAL COSMETIC PROCEDURES FACTOR

Class Plan Classification	<u>Factor</u>
Class 1, 2 and 3	1.27
Class 4 and 5	1.15

4. MINIMUM PREMIUMS

Limit of Liability	<u>Minimum Premium</u>
\$100,000/\$ 300,000	\$425
\$200,000/\$ 600,000	\$485
\$250,000/\$750,000	\$505
\$500,000/\$1,500,000	\$565
\$1,000,000/\$3,000,000	\$663

Excess Limits

Each Additional Excess Limit Increment of \$1,000,000	\$100
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5. EXCESS LIMITS FACTORS (Applies to \$1M/\$3M Primary Limit Premium)

Excess Limit	<u>Factor</u>
\$1,000,000	0.0480
\$2,000,000	0.0960
\$3,000,000	0.1450
\$4,000,000	0.1935
\$5,000,000	0.2225

6. ANNUAL PREMIUM PAYMENT DISCOUNT**Factor**

1.5%

7. PART TIME DENTIST, SEMI-RETIRED AND MOONLIGHTING DISCOUNT FACTOR**Number of Hours in Practice****Factor**

20 hours or less per week

0.50

21 hours or more per week

1.00

8. ADDITIONAL INSURED'S PREMIUM CHARGE FACTOR10% Premium Charge
(each additional insured)**Factor**

1.10

9. NEW DENTIST DISCOUNT FACTORS**Years in Practice****Factor**

First Year

0.50

Second and Third Year

0.75

10. FACULTY DISCOUNT FACTORS**Appointment Status****Factor**

Full-Time

0.70

Half-Time

0.80

Part-Time

0.90

Zero-Time

1.00

11. ASSOCIATION AND MEMBERSHIP CREDIT**Membership/Association****Factor**

ADA Member

0.975

AGD Member

0.95

AGD Fellowship

0.90

AGD Mastership

0.85

12. RISK MANAGEMENT EDUCATION FACTOR**Factor**

0.95

13. LONGEVITY CREDIT

	<u>Factor</u>
Year 1	1.00
Year 2	1.00
Year 2	1.00
Year 4	1.00
Year 5	0.99
Year 6	0.99
Year 7	0.98
Year 8	0.97
Year 9	0.96
Year 10 and Greater	0.95

14. WAIVER OF CONSENT TO SETTLE DISCOUNT

Factor

0.90

15. SCHEDULED RATING PROGRAM

	<u>Range of Modifications</u>	
	<u>Credits</u>	<u>Debits</u>
Operational controls and procedure mix, such as but not limited to mandatory referrals for extractions, use of consent forms, internal documentation practices, implant procedures and laser use, and extraction of impacted third molars.	-10%	+10%
Practice Characteristics, such as but not limited to single verses multiple locations, degree of severity presented by area of specialization, volume of patient traffic, number of years of patient experience.	-10%	+10%
Loss Control procedures, such as but not limited to training and retraining of all employees on the safest way to do their job; promoting safety awareness; conducting frequent safety inspections of all work areas; having an office safety program; using proper sterilization techniques to ensure environmental is free from the possibility of contamination from blood-borne pathogens.	-10%	+10%
Claim peculiarities, such as but not limited to who was responsible for the loss (Insured Dentist, Employee of Insured Dentists, Partner, Independent Contractor- this is for the respondeat superior or indemnity exposures); frequency or lack of administrative actions such as peer review, office of professional discipline or dental board complaints; frequency or lack of claims for return of fees.	-10%	+10%

Maximum Debit/Credit = 25%

16. DEDUCTIBLE OPTIONS

Deductible	<u>Factor</u>
\$0	1.00
\$1,000	0.95
\$2,500	0.90
\$5,000	0.81
\$10,000	0.70

17. PARTNERSHIP CORPORATION PROFESSIONAL ASSOCIATION COVERAGE RATING FACTORS

Limit of Liability	Number of Insureds				
	<u>2-5</u>	<u>6-9</u>	<u>10-19</u>	<u>20-49</u>	<u>50 or More</u>
\$100,000/\$ 300,000	1.23	1.21	1.17	1.13	1.10
\$200,000/\$ 600,000	1.20	1.19	1.15	1.11	10.8
\$250,000/\$ 750,000	1.18	1.17	1.13	1.09	1.07
\$500,000/\$1,500,000	1.10	1.10	1.09	1.07	1.05
\$1,000,000/\$3,000,000	1.10	1.10	1.09	1.07	1.05

Rating factors apply to dentists insured by the company. For each dentist or oral surgeon not insured by the company the rating factor will be two times the rating factor for insured dentists.

Example: In a group practice of five dentists where the company insures three of the dentist the premium will be calculated by applying a rating factor of 1.10 (10% charge) to the sum of premium for those insured dentists plus the premium calculated by applying a rating factor of 1.20 (20% charge) to the sum of the premium for dentists not insured by the company. The premium used for dentists not insured by the company will determined by using the rates for the dental specialty if insured by the company.

18. LOSS EXPERIENCE PROGRAM

A. Loss Free Discount

Years Claim Free	<u>Factor</u>
10 + years claim free	0.90
9 years claim free	0.91
8 years claim free	0.92
7 years claim free	0.93
6 years claim free	0.94
5 years claim free	0.95
4 years claim free	0.96
3 years claim free	0.97
2 years claim free	0.98
1 year claim free	0.99

B. Loss Experience Debit

Chargeable Loss	<u>1 loss</u>	<u>2 loss</u>	<u>3 loss</u>	<u>4 loss</u>
\$0 - \$3,000	1.05	1.10	1.15	1.20
\$3,001 - \$10,000	1.10	1.15	1.20	1.25
\$10,001 - \$20,000	1.15	1.20	1.25	1.30
\$20,001 - \$30,000	1.20	1.25	1.30	1.35
\$30,001 - \$40,000	1.25	1.30	1.35	1.40
\$40,001 +	1.30	1.35	1.40	1.50

19. PRACTICEGUARD® FOR DENTISTS

Premium Charge

Automatic Coverage	\$78
Optional Coverage	\$104

20. BOARD EXAMINATION AND INTERVIEW COVERAGE PREMIUM CHARGE

Premium Charge

\$30

21. SUSPENSION OF COVERAGE

95% Premium Discount

Factor

0.05

22. CONTRACTUAL LIABILITY FACTOR

5 % Premium Charge
(each insured contract)

Factor

1.05

STATE RULES AND EXCEPTIONS

STATE OF ILLINOIS

1. Section 1, Introduction, Item I, Rates and Premium Calculations, paragraph C Non-Standard Risks is replaced as follows:
 - C. Non-Standard Risks: Individuals rejected for standard coverage by the Company may be individually considered for coverage at an additional premium charge or other applicable coverage conditions and limitations on an individually agreed, individual risk filing basis.
2. Section 1, Introduction, Item I, Rates and Premium Calculations, paragraph E Net of Commission Rule is hereby deleted.
3. Section 1, Introduction, Item 3, Cancellations, paragraph C is replaced as follows:
 - C. Removal from the State: Subject to state provisions, the policy may be canceled by the Company after the insured no longer maintains at least 75% of his/her dental practice within the state of issuance, subject to proper notice.
4. Item III, Quarterly Installment Options, is hereby added to Section 1, Introduction, as follows:

III. QUARTERLY INSTALLMENT OPTIONS

1. Quarterly Installment Option One
 - a. A minimum initial deposit required, which shall be 40 percent of the estimated total premium due at policy inception;
 - b. The remaining premium spread equally among the second, third and fourth installments at 20 percent of the estimated total premium, and due 3, 6 and 9 months from policy inception, respectively;
 - c. No interest or installment charges;
 - d. Additional premium resulting from changes to the policy shall be spread equally over the remaining installments, if any. If there are no remaining installments, additional premium resulting from changes to the policy shall be billed immediately as a separate transaction; and
 - e. The installment plan will be limited to insureds whose premium exceeds \$500.00 per year.
2. Quarterly Installment Option Two – (35/25/25/15)
 - a. A minimum initial deposit required, which shall be 35 percent of the estimated total premium due at policy inception;
 - b. The remaining premium will be 25 percent for the second and third installments and 15 percent for the fourth installment, and due 3, 6 and 9 months from policy inception, respectively;
 - c. No interest or installment charges;

- d. Additional premium resulting from changes to the policy shall be spread equally over the remaining installments, if any. If there are no remaining installments, additional premium resulting from changes to the policy shall be billed immediately as a separate transaction; and
- e. The installment plan will be limited to insureds whose premium exceeds \$500.00 per year.

5. Item D, Reporting Endorsements Coverage is hereby added to Section 2, Classification and/or Rating Modifications and Procedures, as follows:

D. Reporting Endorsement Coverage

The calculations for changes in exposure are performed by weighting the mature claims-made annual rates in effect at policy issuance for each period of differing exposures. These calculations are appropriate for changes in practice specialty or changes in rating territory that would affect a calculated rate. This method can be generalized by using the following weights and formula to calculate a rate for the upcoming year.

Number of years policy written	Claims-Made Year				
	1	2	3	4	5+
1	100%				
2	50%	50%			
3	37.5%	37.5%	25%		
4	33 1/3%	33 1/3%	22 2/9%	11 1/9%	
5+	30%	30%	20%	10%	10%

1. Mature claims-made annual rate in effect at policy issuance for the current practice and territory times the sum of the weights for the claims-made years in effect.
2. Plus mature claims-made annual rate in effect at policy issuance for the prior practice and territory times the sum of the weights for the claims-made years in effect.

For example, if an oral surgeon had practiced oral surgery for over five years, then stopped practicing oral surgery and began to practice general dentistry at the renewal two years prior to the electing the Reporting Endorsement Coverage, the appropriate base premium for the upcoming policy period would be:

General Dentistry mature claims-made annual rate in effect at policy issuance times (30% + 30%),

Plus oral surgery mature claims-made annual rate in effect at policy issuance times (20% + 10 % + 10%)

This method is applied in a similar manner if more than one practice change occurred during the previous four years. The components are pro-rated if the change occurred at a date other than the policy anniversary date.



PROASSURANCE[®]

Treated Fairly

SUPPLEMENT TO
DENTISTS AND ORAL SURGEONS
UNDERWRITING RULES MANUAL

STATE OF ILLINOIS

STATE RATES SECTION

STATE OF ILLINOIS

1. RATE TABLES

The following rate tables are based on limits selected per Claim and Policy Aggregate limits of liability. Classifications are also included as indicated in Section 5, Dental Professional Liability Specialty Codes and Descriptions of the Countrywide Manual, for Dental Specialty Classification and Sedation and Anesthesia. Rate table codes combine both the Class and Specialty.

Example C1_S01 represents a Class 1 dentist who is practicing as a General Dentist

Claims-Made Rates by Year

Territory 1 – Cook, Lake, Monroe, St. Clair and Will Counties

\$100,000 / \$300,000					
Class					
Code	1	2	3	4	5+
C1_S01	510	771	945	1,084	1,224
C1_S02	510	771	945	1,084	1,224
C1_S03	510	771	945	1,084	1,224
C1_S04	510	771	945	1,084	1,224
C1_S05	510	771	945	1,084	1,224
C1_S06	510	771	945	1,084	1,224
C1_S07	510	771	945	1,084	1,224
C2_S01	587	909	1,123	1,284	1,446
C2_S02	587	909	1,123	1,284	1,446
C2_S03	587	909	1,123	1,284	1,446
C2_S04	587	909	1,123	1,284	1,446
C2_S05	587	909	1,123	1,284	1,446
C2_S06	587	909	1,123	1,284	1,446
C2_S07	587	909	1,123	1,284	1,446
C3_S08	1,298	2,167	2,746	3,111	3,475
C3_S09	1,298	2,167	2,746	3,111	3,475
C4_S10	2,086	3,564	4,549	5,139	5,729
C5_S10	2,242	3,839	4,904	5,538	6,172

Claims-Made Rates by Year (continued)

Territory 1 – Cook, Lake, Monroe, St. Clair and Will Counties

\$200,000 / \$600,000

Class Code	1	2	3	4	5+
C1_S01	544	831	1,022	1,171	1,320
C1_S02	544	831	1,022	1,171	1,320
C1_S03	544	831	1,022	1,171	1,320
C1_S04	544	831	1,022	1,171	1,320
C1_S05	544	831	1,022	1,171	1,320
C1_S06	544	831	1,022	1,171	1,320
C1_S07	544	831	1,022	1,171	1,320
C2_S01	629	982	1,218	1,391	1,565
C2_S02	629	982	1,218	1,391	1,565
C2_S03	629	982	1,218	1,391	1,565
C2_S04	629	982	1,218	1,391	1,565
C2_S05	629	982	1,218	1,391	1,565
C2_S06	629	982	1,218	1,391	1,565
C2_S07	629	982	1,218	1,391	1,565
C3_S08	1,410	2,366	3,003	3,400	3,797
C3_S09	1,410	2,366	3,003	3,400	3,797
C4_S10	2,278	3,903	4,986	5,631	6,276
C5_S10	2,449	4,206	5,377	6,070	6,764

Claims-Made Rates by Year (continued)

Territory 1 – Cook, Lake, Monroe, St. Clair and Will Counties

\$250,000 / \$750,000

Class Code	1	2	3	4	5+
C1_S01	565	868	1,070	1,226	1,381
C1_S02	565	868	1,070	1,226	1,381
C1_S03	565	868	1,070	1,226	1,381
C1_S04	565	868	1,070	1,226	1,381
C1_S05	565	868	1,070	1,226	1,381
C1_S06	565	868	1,070	1,226	1,381
C1_S07	565	868	1,070	1,226	1,381
C2_S01	655	1,028	1,277	1,458	1,639
C2_S02	655	1,028	1,277	1,458	1,639
C2_S03	655	1,028	1,277	1,458	1,639
C2_S04	655	1,028	1,277	1,458	1,639
C2_S05	655	1,028	1,277	1,458	1,639
C2_S06	655	1,028	1,277	1,458	1,639
C2_S07	655	1,028	1,277	1,458	1,639
C3_S08	1,481	2,491	3,164	3,581	3,998
C3_S09	1,481	2,491	3,164	3,581	3,998
C4_S10	2,398	4,115	5,260	5,939	6,618
C5_S10	2,578	4,435	5,673	6,403	7,133

Claims-Made Rates by Year (continued)

Territory 1 – Cook, Lake, Monroe, St. Clair and Will Counties

\$500,000 / \$1,500,000					
Class Code	1	2	3	4	5+
C1_S01	621	968	1,200	1,371	1,543
C1_S02	621	968	1,200	1,371	1,543
C1_S03	621	968	1,200	1,371	1,543
C1_S04	621	968	1,200	1,371	1,543
C1_S05	621	968	1,200	1,371	1,543
C1_S06	621	968	1,200	1,371	1,543
C1_S07	621	968	1,200	1,371	1,543
C2_S01	725	1,152	1,436	1,637	1,838
C2_S02	725	1,152	1,436	1,637	1,838
C2_S03	725	1,152	1,436	1,637	1,838
C2_S04	725	1,152	1,436	1,637	1,838
C2_S05	725	1,152	1,436	1,637	1,838
C2_S06	725	1,152	1,436	1,637	1,838
C2_S07	725	1,152	1,436	1,637	1,838
C3_S08	1,669	2,825	3,595	4,066	4,537
C3_S09	1,669	2,825	3,595	4,066	4,537
C4_S10	2,718	4,683	5,993	6,764	7,534
C5_S10	2,925	5,049	6,465	7,295	8,124

Claims-Made Rates by Year (continued)

Territory 1 – Cook, Lake, Monroe, St. Clair and Will Counties

\$1,000,000 / \$3,000,000

Class Code		1	2	3	4	5+
C1_S01	696	1,100	1,370	1,563	1,755	
C1_S02	696	1,100	1,370	1,563	1,755	
C1_S03	696	1,100	1,370	1,563	1,755	
C1_S04	696	1,100	1,370	1,563	1,755	
C1_S05	696	1,100	1,370	1,563	1,755	
C1_S06	696	1,100	1,370	1,563	1,755	
C1_S07	696	1,100	1,370	1,563	1,755	
C2_S01	816	1,314	1,646	1,873	2,100	
C2_S02	816	1,314	1,646	1,873	2,100	
C2_S03	816	1,314	1,646	1,873	2,100	
C2_S04	816	1,314	1,646	1,873	2,100	
C2_S05	816	1,314	1,646	1,873	2,100	
C2_S06	816	1,314	1,646	1,873	2,100	
C2_S07	816	1,314	1,646	1,873	2,100	
C3_S08	1,917	3,264	4,162	4,703	5,245	
C3_S09	1,917	3,264	4,162	4,703	5,245	
C4_S10	3,140	5,429	6,956	7,847	8,738	
C5_S10	3,380	5,856	7,506	8,466	9,426	

Claims-Made Rates by Year (continued)

Territory 2 – Remainder of State

\$100,000 / \$300,000					
Class					
Code	1	2	3	4	5+
C1_S01	432	632	766	883	1,001
C1_S02	432	632	766	883	1,001
C1_S03	432	632	766	883	1,001
C1_S04	432	632	766	883	1,001
C1_S05	432	632	766	883	1,001
C1_S06	432	632	766	883	1,001
C1_S07	432	632	766	883	1,001
C2_S01	491	738	903	1,037	1,172
C2_S02	491	738	903	1,037	1,172
C2_S03	491	738	903	1,037	1,172
C2_S04	491	738	903	1,037	1,172
C2_S05	491	738	903	1,037	1,172
C2_S06	491	738	903	1,037	1,172
C2_S07	491	738	903	1,037	1,172
C3_S08	1,038	1,706	2,152	2,442	2,733
C3_S09	1,038	1,706	2,152	2,442	2,733
C4_S10	1,644	2,781	3,538	4,002	4,466
C5_S10	1,764	2,992	3,811	4,309	4,807

Claims-Made Rates by Year (continued)

Territory 2 – Remainder of State

		\$200,000 / \$600,000				
Class						
Code		1	2	3	4	5+
C1_S01	458	678	826	950	1,075	
C1_S02	458	678	826	950	1,075	
C1_S03	458	678	826	950	1,075	
C1_S04	458	678	826	950	1,075	
C1_S05	458	678	826	950	1,075	
C1_S06	458	678	826	950	1,075	
C1_S07	458	678	826	950	1,075	
C2_S01	523	795	976	1,120	1,263	
C2_S02	523	795	976	1,120	1,263	
C2_S03	523	795	976	1,120	1,263	
C2_S04	523	795	976	1,120	1,263	
C2_S05	523	795	976	1,120	1,263	
C2_S06	523	795	976	1,120	1,263	
C2_S07	523	795	976	1,120	1,263	
C3_S08	1,124	1,860	2,350	2,665	2,980	
C3_S09	1,124	1,860	2,350	2,665	2,980	
C4_S10	1,792	3,042	3,875	4,381	4,887	
C5_S10	1,923	3,275	4,176	4,719	5,262	

Claims-Made Rates by Year (continued)

Territory 2 – Remainder of State

Class Code	\$250,000 / \$750,000				
	1	2	3	4	5+
C1_S01	474	707	863	992	1,121
C1_S02	474	707	863	992	1,121
C1_S03	474	707	863	992	1,121
C1_S04	474	707	863	992	1,121
C1_S05	474	707	863	992	1,121
C1_S06	474	707	863	992	1,121
C1_S07	474	707	863	992	1,121
C2_S01	543	831	1,022	1,171	1,320
C2_S02	543	831	1,022	1,171	1,320
C2_S03	543	831	1,022	1,171	1,320
C2_S04	543	831	1,022	1,171	1,320
C2_S05	543	831	1,022	1,171	1,320
C2_S06	543	831	1,022	1,171	1,320
C2_S07	543	831	1,022	1,171	1,320
C3_S08	1,179	1,956	2,474	2,804	3,135
C3_S09	1,179	1,956	2,474	2,804	3,135
C4_S10	1,884	3,205	4,086	4,618	5,150
C5_S10	2,023	3,451	4,403	4,975	5,547

Claims-Made Rates by Year (continued)

Territory 2 – Remainder of State

Class Code	\$500,000 / \$1,500,000				
	1	2	3	4	5+
C1_S01	517	785	963	1,104	1,246
C1_S02	517	785	963	1,104	1,246
C1_S03	517	785	963	1,104	1,246
C1_S04	517	785	963	1,104	1,246
C1_S05	517	785	963	1,104	1,246
C1_S06	517	785	963	1,104	1,246
C1_S07	517	785	963	1,104	1,246
C2_S01	597	926	1,145	1,309	1,473
C2_S02	597	926	1,145	1,309	1,473
C2_S03	597	926	1,145	1,309	1,473
C2_S04	597	926	1,145	1,309	1,473
C2_S05	597	926	1,145	1,309	1,473
C2_S06	597	926	1,145	1,309	1,473
C2_S07	597	926	1,145	1,309	1,473
C3_S08	1,324	2,213	2,805	3,177	3,549
C3_S09	1,324	2,213	2,805	3,177	3,549
C4_S10	2,131	3,642	4,650	5,252	5,855
C5_S10	2,289	3,923	5,013	5,661	6,309

Claims-Made Rates by Year (continued)

Territory 2 – Remainder of State

		\$1,000,000 / \$3,000,000				
Class						
Code		1	2	3	4	5+
C1_S01	575	886	1,093	1,252	1,410	
C1_S02	575	886	1,093	1,252	1,410	
C1_S03	575	886	1,093	1,252	1,410	
C1_S04	575	886	1,093	1,252	1,410	
C1_S05	575	886	1,093	1,252	1,410	
C1_S06	575	886	1,093	1,252	1,410	
C1_S07	575	886	1,093	1,252	1,410	
C2_S01	668	1,050	1,305	1,490	1,675	
C2_S02	668	1,050	1,305	1,490	1,675	
C2_S03	668	1,050	1,305	1,490	1,675	
C2_S04	668	1,050	1,305	1,490	1,675	
C2_S05	668	1,050	1,305	1,490	1,675	
C2_S06	668	1,050	1,305	1,490	1,675	
C2_S07	668	1,050	1,305	1,490	1,675	
C3_S08	1,514	2,550	3,241	3,667	4,094	
C3_S09	1,514	2,550	3,241	3,667	4,094	
C4_S10	2,455	4,216	5,390	6,086	6,781	
C5_S10	2,640	4,544	5,814	6,562	7,310	

Extended Reporting Period Endorsement (Tail Coverage)

Extended Reporting Period (Tail) Factors By Month

Claims-Made
Year

	1	2	3	4	5	6	7	8	9	10	11	12
1	0.150	0.230	0.310	0.380	0.450	0.520	0.590	0.660	0.730	0.800	0.870	0.940
2	1.010	1.080	1.150	1.220	1.280	1.340	1.400	1.460	1.520	1.580	1.640	1.700
3	1.730	1.760	1.790	1.820	1.850	1.880	1.900	1.920	1.940	1.960	1.980	2.000
4	2.030	2.067	2.100	2.133	2.167	2.200	2.233	2.267	2.300	2.333	2.367	2.400
5	2.400	2.400	2.400	2.400	2.400	2.400	2.400	2.400	2.400	2.400	2.400	2.400

Example: An insured who has a third year claims-made policy and decides to cancel after three months have elapsed would purchase tail coverage at the year 3, three month factor (1.790), times the mature claims-made annual rate in effect at policy issuance. For claims-made year 5 and over the 2.400 factor applies.

Occurrence Rates

Territory 1 – Cook, Lake, Monroe, St. Clair and Will Counties

Class Code	\$100,000/\$300,000	\$200,000/\$600,000	\$250,000/\$750,000	\$500,000/\$1,500,000	\$1,000,000/\$3,000,000
C1_S01	1,346	1,452	1,519	1,697	1,931
C1_S02	1,346	1,452	1,519	1,697	1,931
C1_S03	1,346	1,452	1,519	1,697	1,931
C1_S04	1,346	1,452	1,519	1,697	1,931
C1_S05	1,346	1,452	1,519	1,697	1,931
C1_S06	1,346	1,452	1,519	1,697	1,931
C1_S07	1,346	1,452	1,519	1,697	1,931
C2_S01	1,591	1,722	1,803	2,022	2,310
C2_S02	1,591	1,722	1,803	2,022	2,310
C2_S03	1,591	1,722	1,803	2,022	2,310
C2_S04	1,591	1,722	1,803	2,022	2,310
C2_S05	1,591	1,722	1,803	2,022	2,310
C2_S06	1,591	1,722	1,803	2,022	2,310
C2_S07	1,591	1,722	1,803	2,022	2,310
C3_S08	3,823	4,177	4,398	4,991	5,770
C3_S09	3,823	4,177	4,398	4,991	5,770
C4_S10	6,302	6,904	7,280	8,287	9,612
C5_S10	6,789	7,440	7,846	8,936	10,369

Occurrence Rates (continued)

Territory 2 – Remainder of State

Class Code	\$100,000/\$300,000	\$200,000/\$600,000	\$250,000/\$750,000	\$500,000/\$1,500,000	\$1,000,000/\$3,000,000
C1_S01	1,101	1,183	1,233	1,371	1,551
C1_S02	1,101	1,183	1,233	1,371	1,551
C1_S03	1,101	1,183	1,233	1,371	1,551
C1_S04	1,101	1,183	1,233	1,371	1,551
C1_S05	1,101	1,183	1,233	1,371	1,551
C1_S06	1,101	1,183	1,233	1,371	1,551
C1_S07	1,101	1,183	1,233	1,371	1,551
C2_S01	1,289	1,389	1,452	1,620	1,843
C2_S02	1,289	1,389	1,452	1,620	1,843
C2_S03	1,289	1,389	1,452	1,620	1,843
C2_S04	1,289	1,389	1,452	1,620	1,843
C2_S05	1,289	1,389	1,452	1,620	1,843
C2_S06	1,289	1,389	1,452	1,620	1,843
C2_S07	1,289	1,389	1,452	1,620	1,843
C3_S08	3,006	3,278	3,449	3,904	4,503
C3_S09	3,006	3,278	3,449	3,904	4,503
C4_S10	4,913	5,376	5,665	6,441	7,459
C5_S10	5,288	5,788	6,102	6,940	8,041

2. SEDATION AND ANESTHESIA DESCRIPTION CODE

Sedation and Anesthesia Code and Factors

Specialist Code	<u>Codes 01 & 2</u>	<u>Code 03</u>	<u>Code 04</u>
01 General Dentist	1.000	1.075	1.200
02 Board Eligible or Board Certified General Dentist	1.000	1.050	1.100
03 Periodontists	1.000	1.050	1.100
04 Prosthodontist	1.000	1.050	1.100
05 Endodontist	1.000	1.050	1.100
06 Orthodontist	1.000	1.050	1.100
07 Pediatric Dentist	1.000	1.025	1.050
08 Oral Pathologist	1.000	1.000	1.000
09 Oral Radiologist	1.000	1.000	1.000
10 Oral and Maxillofacial Surgeon	1.000	1.000	1.000

3. EXTRA ORAL NON-SURGICAL COSMETIC PROCEDURES FACTOR

Class Plan Classification

Factor

Class 1, 2 and 3

~~2.50~~1.27

Class 4 and 5

1.15

4. MINIMUM PREMIUMS

Limit of Liability

Minimum Premium

\$100,000/\$ 300,000

\$425

\$200,000/\$ 600,000

\$485

\$250,000/\$750,000

\$505

\$500,000/\$1,500,000

\$565

\$1,000,000/\$3,000,000

\$663

Excess Limits

Each Additional Excess Limit Increment of \$1,000,000

\$100

5. EXCESS LIMITS FACTORS (Applies to \$1M/\$3M Primary Limit Premium)

Excess Limit

Factor

\$1,000,000

0.0480

\$2,000,000

0.0960

\$3,000,000

0.1450

\$4,000,000

0.1935

\$5,000,000

0.2225

6. ANNUAL PREMIUM PAYMENT DISCOUNT

Factor
1.5%

7. PART TIME DENTIST, SEMI-RETIRED AND MOONLIGHTING DISCOUNT FACTOR**Number of Hours in Practice****Factor**

20 hours or less per week

0.50

21 hours or more per week

1.00

8. ADDITIONAL INSURED'S PREMIUM CHARGE FACTOR10% Premium Charge
(each additional insured)

Factor

1.10

9. NEW DENTIST DISCOUNT FACTORS**Years in Practice****Factor**

First Year

0.50

Second and Third Year

0.75

10. FACULTY DISCOUNT FACTORS**Appointment Status****Factor**

Full-Time

0.70

Half-Time

0.80

Part-Time

0.90

Zero-Time

1.00

11. ASSOCIATION AND MEMBERSHIP CREDIT**Membership/Association****Factor**

ADA Member

0.975

AGD Member

0.95

AGD Fellowship

0.90

AGD Mastership

0.85

12. RISK MANAGEMENT EDUCATION FACTOR**Factor**

0.95

13. LONGEVITY CREDIT

	<u>Factor</u>
Year 1	1.00
Year 2	1.00
Year 2	1.00
Year 4	1.00
Year 5	0.99
Year 6	0.99
Year 7	0.98
Year 8	0.97
Year 9	0.96
Year 10 and Greater	0.95

14. WAIVER OF CONSENT TO SETTLE DISCOUNT

Factor

0.90

15. SCHEDULED RATING PROGRAM

	<u>Range of Modifications</u>	
	<u>Credits</u>	<u>Debits</u>
Operational controls and procedure mix, such as but not limited to mandatory referrals for extractions, use of consent forms, internal documentation practices, implant procedures and laser use, and extraction of impacted third molars.	-10%	+10%
Practice Characteristics, such as but not limited to single verses multiple locations, degree of severity presented by area of specialization, volume of patient traffic, number of years of patient experience.	-10%	+10%
Loss Control procedures, such as but not limited to training and retraining of all employees on the safest way to do their job; promoting safety awareness; conducting frequent safety inspections of all work areas; having an office safety program; using proper sterilization techniques to ensure environmental is free from the possibility of contamination from blood-borne pathogens.	-10%	+10%
Claim peculiarities, such as but not limited to who was responsible for the loss (Insured Dentist, Employee of Insured Dentists, Partner, Independent Contractor- this is for the respondeat superior or indemnity exposures); frequency or lack of administrative actions such as peer review, office of professional discipline or dental board complaints; frequency or lack of claims for return of fees.	-10%	+10%

Maximum Debit/Credit = 25%

16. DEDUCTIBLE OPTIONS

Deductible	<u>Factor</u>
\$0	1.00
\$1,000	0.95
\$2,500	0.90
\$5,000	0.81
\$10,000	0.70

17. PARTNERSHIP CORPORATION PROFESSIONAL ASSOCIATION COVERAGE RATING FACTORS

Limit of Liability	Number of Insureds				
	<u>2-5</u>	<u>6-9</u>	<u>10-19</u>	<u>20-49</u>	<u>50 or More</u>
\$100,000/\$ 300,000	1.23	1.21	1.17	1.13	1.10
\$200,000/\$ 600,000	1.20	1.19	1.15	1.11	10.8
\$250,000/\$ 750,000	1.18	1.17	1.13	1.09	1.07
\$500,000/\$1,500,000	1.10	1.10	1.09	1.07	1.05
\$1,000,000/\$3,000,000	1.10	1.10	1.09	1.07	1.05

Rating factors apply to dentists insured by the company. For each dentist or oral surgeon not insured by the company the rating factor will be two times the rating factor for insured dentists.

Example: In a group practice of five dentists where the company insures three of the dentist the premium will be calculated by applying a rating factor of 1.10 (10% charge) to the sum of premium for those insured dentists plus the premium calculated by applying a rating factor of 1.20 (20% charge) to the sum of the premium for dentists not insured by the company. The premium used for dentists not insured by the company will determined by using the rates for the dental specialty if insured by the company.

18. LOSS EXPERIENCE PROGRAM

A. Loss Free Discount

Years Claim Free	<u>Factor</u>
10 + years claim free	0.90
9 years claim free	0.91
8 years claim free	0.92
7 years claim free	0.93
6 years claim free	0.94
5 years claim free	0.95
4 years claim free	0.96
3 years claim free	0.97
2 years claim free	0.98

1 year claim free

0.99

B. Loss Experience Debit

Chargeable Loss	<u>1 loss</u>	<u>2 loss</u>	<u>3 loss</u>	<u>4 loss</u>
\$0 - \$3,000	1.05	1.10	1.15	1.20
\$3,001 - \$10,000	1.10	1.15	1.20	1.25
\$10,001 - \$20,000	1.15	1.20	1.25	1.30
\$20,001 - \$30,000	1.20	1.25	1.30	1.35
\$30,001 - \$40,000	1.25	1.30	1.35	1.40
\$40,001 +	1.30	1.35	1.40	1.50

19. PRACTICEGUARD® FOR DENTISTS

Premium Charge

Automatic Coverage	\$78
Optional Coverage	\$104

20. BOARD EXAMINATION AND INTERVIEW COVERAGE PREMIUM CHARGE

Premium Charge

\$30

21. SUSPENSION OF COVERAGE

95% Premium Discount

Factor

0.05

22. CONTRACTUAL LIABILITY FACTOR

5 % Premium Charge
(each insured contract)

Factor

1.05

STATE RULES AND EXCEPTIONS

STATE OF ILLINOIS

1. Section 1, Introduction, Item I, Rates and Premium Calculations, paragraph C Non-Standard Risks is replaced as follows:

C. Non-Standard Risks: Individuals rejected for standard coverage by the Company may be individually considered for coverage at an additional premium charge or other applicable coverage conditions and limitations on an individually agreed, individual risk filing basis.
2. Section 1, Introduction, Item I, Rates and Premium Calculations, paragraph E Net of Commission Rule is hereby deleted.
3. Section 1, Introduction, Item 3, Cancellations, paragraph C is replaced as follows:

C. Removal from the State: Subject to state provisions, the policy may be canceled by the Company after the insured no longer maintains at least 75% of his/her dental practice within the state of issuance, subject to proper notice.
4. Item III, Quarterly Installment Options, is hereby added to Section 1, Introduction, as follows:

III. QUARTERLY INSTALLMENT OPTIONS

1. Quarterly Installment Option One
 - a. A minimum initial deposit required, which shall be 40 percent of the estimated total premium due at policy inception;
 - b. The remaining premium spread equally among the second, third and fourth installments at 20 percent of the estimated total premium, and due 3, 6 and 9 months from policy inception, respectively;
 - c. No interest or installment charges;
 - d. Additional premium resulting from changes to the policy shall be spread equally over the remaining installments, if any. If there are no remaining installments, additional premium resulting from changes to the policy shall be billed immediately as a separate transaction; and
 - e. The installment plan will be limited to insureds whose premium exceeds \$500.00 per year.
2. Quarterly Installment Option Two – (35/25/25/15)
 - a. A minimum initial deposit required, which shall be 35 percent of the estimated total premium due at policy inception;

- b. The remaining premium will be 25 percent for the second and third installments and 15 percent for the fourth installment, and due 3, 6 and 9 months from policy inception, respectively;
- c. No interest or installment charges;
- d. Additional premium resulting from changes to the policy shall be spread equally over the remaining installments, if any. If there are no remaining installments, additional premium resulting from changes to the policy shall be billed immediately as a separate transaction; and
- e. The installment plan will be limited to insureds whose premium exceeds \$500.00 per year.

5. Item D, Reporting Endorsements Coverage is hereby added to Section 2, Classification and/or Rating Modifications and Procedures, as follows:

D. Reporting Endorsement Coverage

The calculations for changes in exposure are performed by weighting the mature claims-made annual rates in effect at policy issuance for each period of differing exposures. These calculations are appropriate for changes in practice specialty or changes in rating territory that would affect a calculated rate. This method can be generalized by using the following weights and formula to calculate a rate for the upcoming year.

Number of years policy written	Claims-Made Year				
	1	2	3	4	5+
1	100%				
2	50%	50%			
3	37.5%	37.5%	25%		
4	33 1/3%	33 1/3%	22 2/9%	11 1/9%	
5+	30%	30%	20%	10%	10%

1. Mature claims-made annual rate in effect at policy issuance for the current practice and territory times the sum of the weights for the claims-made years in effect.
2. Plus mature claims-made annual rate in effect at policy issuance for the prior practice and territory times the sum of the weights for the claims-made years in effect.

For example, if an oral surgeon had practiced oral surgery for over five years, then stopped practicing oral surgery and began to practice general dentistry at the renewal two years prior to the electing the Reporting Endorsement Coverage, the appropriate base premium for the upcoming policy period would be:

General Dentistry mature claims-made annual rate in effect at policy issuance times (30% + 30%),

Plus oral surgery mature claims-made annual rate in effect at policy issuance times (20% + 10% + 10%)

This method is applied in a similar manner if more than one practice change occurred during the previous four years. The components are pro-rated if the change occurred at a date other than the policy anniversary date.